

No. C 196614		Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. CIRCLES OF CARING ADULT DAY HEALTH FOUNDATION, INC. JODEEN SMITH 588 SE BISHOP BLVD STE D PULLMAN WA 99163		BARBARA MAHONEY 225 E PALOUSE RIVER DR MOSCOW 83843		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	DOUG PARK	PO BOX 453	PALOUSE	WA	USA	99161
DIRECTOR	PEG MOTLEY	1800 NW NICOLE CT	PULLMAN	WA	USA	99163
PRESIDENT	NANCY TRIBBLE	922 CLAY COURT	MOSCOW	ID	USA	83843
VICE PRESIDENT	HELEN K STILLER	935 SE GLEN ECHO RD	PULLMAN	WA	USA	99163
TREASURER	KRISTIN O PRIEUR	925 SE SUNNYMEAD WAY	PULLMAN	WA	USA	99163
5. Organized Under the Laws of: ID C 196614		6. Annual Report must be signed.* Signature: Callie Brown Name (type or print): Callie Brown Date: 11/26/2014 Title: Bookkeeper				
Processed 11/26/2014		* Electronically provided signatures are accepted as original signatures.				